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FROM: Christopher J. Collins

Date: May 17, 2000

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Pages (including cover): 2

Client Code: UM-04241

Appln. No.: 09/517,680 Filed: 3/02/2000

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**MESSAGE:****CORRECTION OF A FILING RECEIPT**

Under the "Continuing Data as Claimed by Applicant" section, of the attached filing receipt, could you please correct the CIP Appln. Number. The incorrect Appln. Number is circled (i.e. 08/529,239), and the correct number is 08/529,293.

If you have any questions please call our office at 617-252-3353.

Thank you in advance for your assistance.

*Patent, Trademark & Copyright Attorneys*

Four Cambridge Center Second Floor Cambridge Massachusetts 02142 Tel 617.252.3353 Fax 617.252.3323

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## FILING RECEIPT



\*OC00000005089377\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

CAM

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/517,680	03/02/2000	1743	354	UM-04241	10	21	3

Peter G Carroll  
Medlen & Carroll LLP  
220 Montgomery Street  
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San Francisco, CA 94104

PRIOR ART STATEMENT DUE 3 MONTHS 6/2/00  
FOREIGN FILING LETTER DUE  
9 MONTHS UTILITY / 3 MONTHS DESIGN 12/2/00  
FOREIGN FILING DEADLINE  
12 MONTHS UTILITY / 6 MONTHS DESIGN 3/2/01  
TWENTY-ONE MONTHS SUSPENSE DATE 12/2/01

Date Mailed: 05/02/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Mark A. Burns, Ann Arbor, MI;  
Brian N. Johnson, Ann Arbor, MI;  
Michael Chen, Singapore, SINGAPORE;

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CON OF 08/888,309 07/03/1997 PAT 6,048,734  
WHICH IS A CIP OF 08/529,239 09/15/1995 ABN

## Foreign Applications

5/6 08/529,293

If Required, Foreign Filing License Granted 05/02/2000

\*\* SMALL ENTITY \*\*

## Title

Thermal microvalves

## Preliminary Class

436

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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE  
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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/517,680	<b>FILING DATE</b> 03/02/2000 <b>RULE</b> _	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> UM-04241
<b>APPLICANTS</b> Mark A. Burns, Ann Arbor, MI ; Brian N. Johnson, Ann Arbor, MI ; Michael Chen, Singapore, SINGAPORE;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/888,309 07/03/1997 PAT 6,048,734 WHICH IS A CIP OF 08/529,293 09/15/1995 PAT 6,057,149				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/02/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 21
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> Peter G Carroll Medlen & Carroll LLP 220 Montgomery Street Suite 2200 San Francisco ,CA 94104				
<b>TITLE</b> Thermal microvalves				
<b>FILING FEE RECEIVED</b> 354	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	